



## State of Connecticut

### HOUSE OF REPRESENTATIVES

STATE CAPITOL  
HARTFORD, CONNECTICUT 06106-1591

#### REPRESENTATIVE JAMES A. SHAPIRO

144<sup>th</sup> ASSEMBLY DISTRICT

LEGISLATIVE OFFICE BUILDING, ROOM 3504  
HARTFORD, CT 06106-1591  
DISTRICT: (203) 316-8492  
CAPITOL: (860) 240-8568  
E-MAIL: Jim.Shapiro@cga.ct.gov  
Website: www.repjimshapiro.com

CHAIRMAN  
GENERAL LAW COMMITTEE

MEMBER  
HIGHER EDUCATION AND EMPLOYMENT  
ADVANCEMENT COMMITTEE  
PUBLIC SAFETY AND SECURITY COMMITTEE

**To:** Chairman Dargan, Chair Stillman, Members of the Public Safety and Security Committee  
**From:** Representative Jim Shapiro (D-144)  
**Date:** February 10, 2009  
**Re:** Testimony in Support of **HB 5893 An Act Requiring the Establishment of an Emergency Response System of Volunteer Health Care Providers**

Chairman Dargan, Chair Stillman, members of the Public Safety and Security Committee, I thank you for taking up **HB 5893 An Act Requiring the Establishment of an Emergency Response System of Volunteer Health Care Providers**. This model legislation is based on the Uniform Emergency Volunteer Health Practitioners Act and is supported by the Uniform Law Commission. It responds to a serious problem caused by a lack of uniformity in state laws that was revealed during the national emergency of Hurricane Katrina and several subsequent natural disasters.

During those horrifying days of Katrina, great numbers of doctors, nurses, EMTs, psychologists, social workers, veterinarians and other health professionals from outside the affected Gulf Coast states rushed to volunteer their services to the countless victims. Unfortunately, many of those who volunteered to provide desperately needed assistance were seriously delayed, and in many cases prevented, from providing services because they were unable to quickly and clearly obtain authorization to practice their professions within those states. Although all 50 states have adopted the Emergency Management Assistance Compact that provides for the interstate recognition of licenses held by professionals responding to disasters and emergencies under state-controlled actions, the Compact does not deal with volunteer efforts, and cannot supply the increase in capacity required to deliver health services during major emergencies. As in so many other areas, government cannot do it alone, and when the chips are down we rely heavily on volunteers and the generosity of the American spirit.

Accordingly, the objective of the UEVHPA is to ensure that in the future volunteer health practitioners will be able to be quickly deployed to health care facilities and disaster relief organizations pursuant to clear and well-understood rules that will both meet the needs of volunteers and relief agencies and provide an effective framework to ensure the delivery of high quality care to disaster victims. UEVHPA establishes a system whereby health professionals may register either in advance of or during an emergency to provide volunteer services in another state.

Once passed, this legislation will open the door for volunteers with appropriate skills and expertise to provide services during the time of an emergency as if they are licensed in the state with such an emergency. This will mean better, faster services to the victims of disasters such as hurricanes and earthquakes. It will mean more lives saved, more victims treated and more relief to disaster-affected areas. Six states have already adopted the UEVHPA, and nine more have introduced it. With the help of the Committee, I hope Connecticut becomes the next state to pass this worthwhile, common sense legislation. Thank you for your time and consideration.